

NEW DISTRIBUTOR APPLICATION FORM

DISTRIBUTOR INFORMATION

DISTRIBUTOR NAME: _____

ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____

POST CODE: _____

COUNTRY: _____

PHONE: _____

FAX: _____

EMAIL: _____

COMPANY WEB ADDRESS: _____

PRINCIPAL CONTACT AND TITLE: _____

PRINCIPAL CONTACT'S EMAIL: _____

NUMBER OF SALESPEOPLE: _____

PURCHASING CONTACT: _____

REFERENCES AND BANKING INFORMATION

PLEASE PROVIDE THREE TRADE REFERENCES:

1. _____
2. _____
3. _____

PLEASE LIST BANK INFORMATION:

BANK NAME: _____

BANK PHONE NUMBER: _____

BANK CONTACT NAME: _____

BANK ACCOUNT NUMBER: _____

DISTRIBUTION SERVICE

NUMBER OF YEARS IN BUSINESS: _____
NUMBER OF SALES EMPLOYEES: _____
ANNUAL REVENUE (SPECIFY CURRENCY): _____
TERRITORY: _____

PLEASE STATE HOW YOU PLAN TO MARKET AND PROMOTE KEST NAME:

PLEASE LIST THE TRADE SHOWS YOUR COMPANY ATTENDS EACH YEAR:

HOW MANY KEST UNITS DO YOU EXPECT TO SELL IN THE NEXT TWELVE MONTHS (List per line item)?

PLEASE COMPLETE ENTIRE FORM AND FAX TO HEADQUARTERS

FOR KEST INTERNAL USE

KEST Limited representative: _____

Target Markets: _____

Type of Distributor (general/specific market): _____

What other similar products does the distributor sell? _____

Specify Territory the distributor will sell in: _____

